DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
CRAMENTO, CA   94234-7320

November 20, 1990

TO: All County Welfare Directors   Letter No.: 90-99
       All County Administrative Officers

SUBJECT: AID CODE REDESIGN COST BENEFITS ANALYSIS/IMPLEMENTATION PLAN

Reference: ACWDL 89-83 and 90-57

The aid code redesign project, originally introduced in All County Welfare Directors Letter (ACWDL) 89-83, dated October 4, 1989, proposed for implementation in November 1990, has been delayed until July 1991. ACWDL 90-57, dated June 22, 1990, transmitted the Aid Code Redesign project Cost Benefit Analysis/Implementation Plan (CBA/IP) worksheets to counties for completion.

As stated in ACWDL 90-57, the worksheets will be used only for costs associated with the modifications to county welfare automated systems resulting from changing the aid code from a two-digit numeric field to a two-digit alphanumeric field (the first digit will remain numeric, but the second digit could be alpha or numeric). The worksheets should only address the one-time development and implementation costs of preparing the CBA/IP. Cost estimates for ongoing annual maintenance and operations costs or for new equipment should not be included as it is not expected that these items will be required.

To date, the Department of Social Services (DSS) received only 21 CBA/IPs. It is important that each county submit a CBA/IP to request necessary costs to implement the aid code project. If a CBA/IP is not submitted, the State will assume these counties do not need funds to cover one-time development and implementation costs.

DSS has requested that counties submit a CBA/IP if funds are needed, regardless of the dollar amount, in order to ensure the project costs do not exceed federally approved costs. Therefore, counties must return their completed CBA/IP worksheets by January 31, 1991 to:

              State Department of Social Services
              County Approvals Section
              744 P Street, Mail Station 19-12
              Sacramento, CA   95814

All County Welfare Directors
All County Administrative Officers
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If you need additional time or you have any additional questions, please
contact your DSS County Approvals Section analyst at (916) 323-4305.

Sincerely,

ORIGINAL SIGNED BY

Ricardo Bustamante for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: All County Medi-Cal Liaisons
       All County Program Consultants

A.   EDP STAFF RESOURCES

    1.   VENDOR/OUTSIDE CONSULTANT FEE

       Name of Consultant _____

       _____hours X $_____/hour   Subtotal - A-1 $_____

    2.   DATA PROCESSING COSTS FOR DEVELOPMENT AND IMPLEMENTATION

       <u>County Analysis Personnel</u>

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

                                  Subtotal $_____

       <u>County Programming Personnel</u>

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

                                  Subtotal $_____

       <u>County EDP Operations Personnel</u>

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

                                  Subtotal $_____

       <u>Other County Personnel (identify)</u>

Class	Cost/Hr	Total Hrs	Total $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

                                  Subtotal $_____

                                  Subtotal - A-2 $_____

                                  Subtotal - A $_____ *

AID CODE REDESIGN PROJECT
COST WORKSHEET
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

B. SUPPLIES (One time only)

    1. _____ $_____

    2. _____ $_____

    3. _____ $_____

                                   Subtotal - B $_____*

C. IMPLEMENTATION OPERATING COSTS

	# Units	Unit Cost	
CPU Time	_____	_____	$_____
Printing	_____	_____	_____
Other	_____	_____	_____

                                   Subtotal - C $_____*

D. OTHER COSTS (identify)

    1. _____ $_____

    2. _____ $_____

    3. _____ $_____

                                   Subtotal - D $_____*

AID CODE REDESIGN PROJECT
COST BENEFIT ANALYSIS/IMPLEMENTATION PLAN DOCUMENT PREPARATION
STATEMENT OF ESTIMATED COSTS

County: _____   Date: _____

Person responsible for preparation of the Cost Statement:

    Name: _____

    Title: _____

    Address: _____

              _____

    Telephone: (___)_____

Total Estimated Cost for Completing CBA/IP:

    <u>Staff Resources</u>

Classification	Welfare/ EDP	No. of Hours	Hourly Rate	Cost
$_____	$_____	$_____	$_____	$_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Subtotal	$_____

    <u>Other Costs (detail)</u>

Type	Comments	Cost
_____	_____	$_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Subtotal	$_____
	TOTAL COSTS	$_____

AID CODE REDESIGN PROJECT
SUMMARY OF
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

Bring * figures forward from Section I.

A.   STAFF RESOURCES $_____

B.   SUPPLIES   _____

C.   OPERATING COSTS   _____

D.   OTHER   _____

TOTAL COSTS (Items A - D) $_____